

Reducing Disparities in Access

3rd Annual Health Summit
Eliminating Inequalities in Utah:
*Exploring Local Solutions to Create Better Health Care
for All*

Multicultural Health Network

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Rea Pañares
Families USA



About Families USA

- National, nonprofit advocacy organization
- Mission: the achievement of high-quality, affordable health care for all
- Vision: the expansion of public programs, i.e. Medicaid, SCHIP, and Medicare

About Minority Health Initiatives

- Issue areas disproportionately affect communities of color
- Systematic way to address these issues
- Activities include:
 - Analysis of how policies and programs affect racial and ethnic minorities
 - Community leader trainings
 - Information dissemination and technical assistance

Overview of Presentation

- Health Disparities: A Quick Overview
- Disparities in Access
- The Role of Coverage & Public Programs
- Threats to Medicaid
 - Medicaid Citizenship Documentation Requirement

Definition of Health Disparities

- Differences between two or more population groups in:
 - the incidence, prevalence, mortality, and burden of diseases; and
 - health care access, coverage, and quality.

In Plain Language . . .

- Some people are healthier than others.
- Some people receive better treatment.

Types of Disparities

- Disparities in health
- Disparities in health care

Causes of Health Disparities

Causes of Health Disparities

Societal Factors

racism
class differences
poverty

Environmental Factors

hazardous air
unsafe neighborhoods
lack of green space

Structural Factors

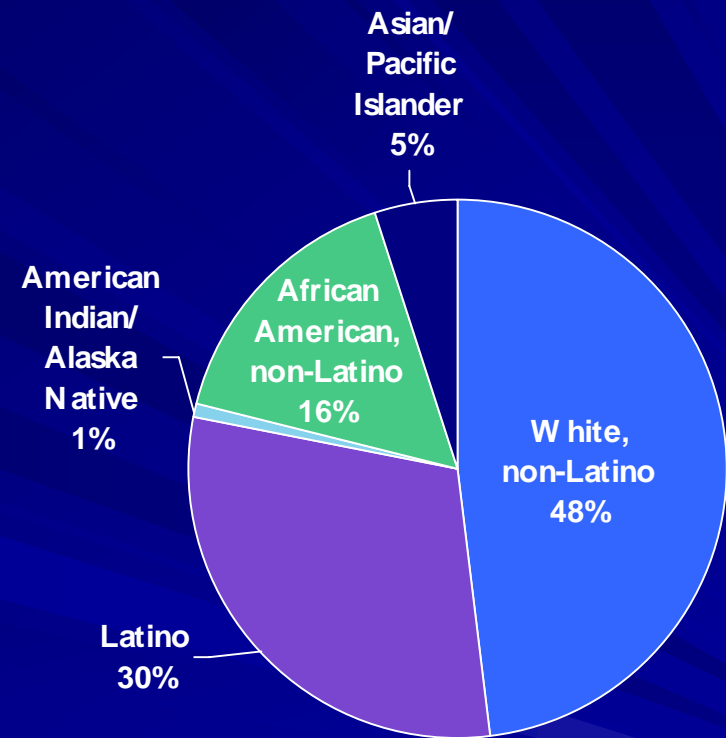
language & cultural barriers
provider bias & stereotyping
lack of access to coverage

Disparities in Access

- Myriad sources contribute to racial & ethnic health disparities.
- Studies show lack of health insurance coverage as a key factor contributing to health disparities.

Who Are the Uninsured?

- While people of color make up just one-third of the U.S. population, they comprise over half of the 45.8 million uninsured.

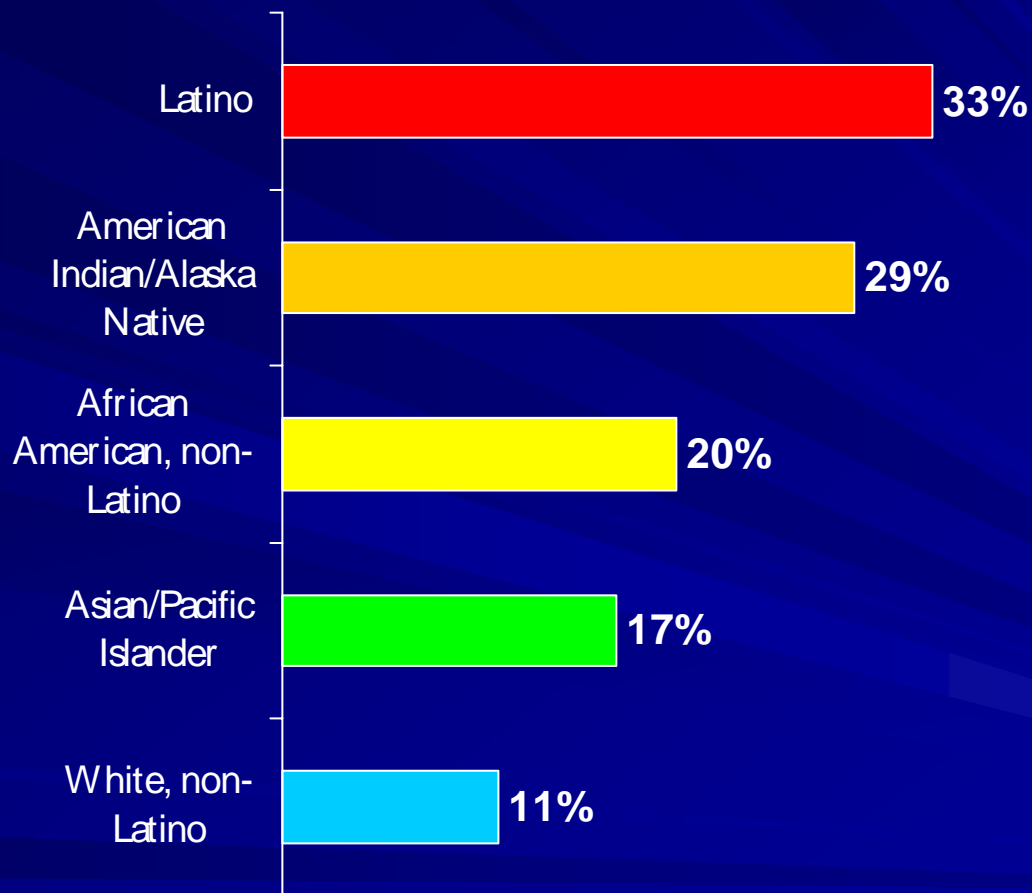


People without Insurance by Race/Ethnicity, 2004



Disproportionate Burden

People without Insurance by Race/Ethnicity, 2004



National Rate: 16%



Source: U.S. Census Bureau, "Health Insurance Coverage: 2004," *Current Population Survey 2004*, available online at <http://www.census.gov/hhes/www/hlthin04.html>.

The Role of Coverage in Reducing Disparities

- Research demonstrates that the uninsured:
 - uses fewer preventive and screening services;
 - are sicker when diagnosed; and
 - have poorer health outcomes (higher mortality and disability rates).

The Role of Public Programs in Communities of Color

- Racial and ethnic minorities are more likely to rely on public programs for insurance coverage. *Consider that:*
 - 27.5 percent of African Americans,
 - 22.3 percent of Latinos,
 - 29.9 percent of American Indians/ Alaska Natives, and
 - 11 percent of whites obtain care through public programs.

Source: Kaiser Family Foundation, *Policy Challenges and Opportunities in Closing the Racial/Ethnic Divide in Health Care* (Menlo Park, CA: March 2005), available online at <http://www.kff.org/minorityhealth/7293.cfm>.



Expanding Public Programs to Reduce Disparities

- Nearly three-quarters of the 23 million uninsured persons of color have family incomes below 200% of poverty.
- Many, therefore, would qualify for Medicaid or SCHIP.

Source: Marsha Lillie-Blanton and Catherine Hoffman, "The Role of Health Insurance Coverage In Reducing Racial/Ethnic Disparities In Health Care," *Health Affairs* 24 (2), March/April 2005, pp. 398-408.



Policy Options

- Expand outreach and enrollment efforts to ensure that all eligible children are enrolled in Medicaid and SCHIP.
- Expand coverage to parents of enrolled children.
- Expand coverage to low-income adults without dependent children.

Source: Marsha Lillie-Blanton and Catherine Hoffman, "The Role of Health Insurance Coverage In Reducing Racial/Ethnic Disparities In Health Care," *Health Affairs* 24 (2), March/April 2005, pp. 398-408.



The Importance of Public Programs

- Overwhelming evidence indicates that the single most effective way to reduce racial and ethnic health disparities is through the expansion and preservation of public programs.
- Innovative models for treating minority patients have often originated in public-sector programs such as Medicaid, SCHIP, and Medicare.
- Currently, these programs are under threat, moving us in the direction of preservation rather than innovation.

Threats to Medicaid

- Access work on the defense, makes innovation difficult
- Newest threat: Medicaid citizenship documentation requirement

Medicaid Citizenship Documentation Requirement

- Provision in the Deficit Reduction Act of 2005
- As of July 1, 2006, U.S. citizens applying for or renewing Medicaid must provide documentation of U.S. citizenship status and identity.
- The statute makes no change to the eligibility or documentation requirements for legal immigrants, although still causing confusion in immigrant communities.

Medicaid Citizenship Documentation Requirement

- “Interim final” regulations released; comment period ends August 11th (tomorrow!)
- Establishes a four-tiered documentation system. States must seek highest-tier documentation available. All secondary and lower-tier evidence must be accompanied by proof of identity.

Medicaid Citizenship Documentation Requirement

| | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary | U.S. Passport, Certificate of Naturalization, Certificate of U.S. Citizenship, or, subject to certain conditions, a state-issued driver's license. |
| Secondary | Birth certificate (or data match) or specified other record (e.g., final adoption decree, U.S. military record). |
| 3 rd Level | Hospital record, or life, health, or other insurance record. |
| 4 th Level | Many non-governmental documents (e.g., census record, provider admission or medical record). Written affidavit permitted as last resort, under certain conditions. |
| Identity | Different photo IDs and other military, Tribal, and school IDs and records; data cross-matches with federal and state agencies. Parental affidavit for children under age 16. |

Medicaid Citizenship Documentation Requirement

- U.S.-born children of immigrants unfairly targeted
- Children of immigrants must show proof of citizenship status before being enrolled in Medicaid, children of citizens are automatically enrolled.

What Can You Do

- Send in comments or sign on to existing comments
- Keep track of harm caused by requirement
- Educate affected communities and help them gain access to needed documentation
- Stay abreast of legislation to repeal the provision

Conclusion . . .

- Causes of disparities are complex, but lack of access plays a big role
- Increasing access to health insurance coverage is an important factor in reducing racial and ethnic health disparities
- Public programs play a key role in communities of color; diverse voices need to be at the table when policies are being debated

Conclusion (cont.)

- National outlook makes innovation at local level even more important
- While local initiatives are no substitute for a national solution, they will continue to be a major strategy for covering the uninsured & reducing disparities in access

For more information:

Rea Pañares, M.H.S.
Director of Minority Health Initiatives
Families USA
1201 New York Avenue, NW, Suite 1100
Washington, DC 20005
(202) 628-3030 phone
(202) 347-2417 fax
rpanares@familiesusa.org
www.familiesusa.org/minorityhealth